



Government of South Australia
Department for Education and Child Development

Greenwith Primary School



Address: 1500 Golden Grove Road
Greenwith SA 5125
Email: dl.1858_info@schools.sa.edu.au

Phone: (08) 8289 8100
Fax: (08) 8289 7555
Web: www.greenwith.sa.edu.au

PAYMENT PLAN

Request and Authority to debit account

1. **Student's names:**

2. **Name of person responsible for payment of invoices:**
.....

3. I agree that I are indebted to Greenwith Primary School for the sum of \$..... being for the following:
(please provide details of invoices and amounts)
.....
.....

4. **Frequency of payment:** Weekly / Fortnightly / Monthly

5. **Start date:**/...../.....

6. **Amount of each payment (minimum of \$20.00) \$:**.....

7. **ACKNOWLEDGMENT**

By signing and providing information regarding my bank account./credit card details I have understood and agree to the terms and conditions governing debt arrangements between myself and Greenwith Primary School as set out in this Request and in the Service agreement

Signature:

Date :

Name:

Address:

Phone number:

Email address:

8. **Bank account details:**

Financial Institution name:.....

Name on account:.....

BSB:

Account number:

OR

Credit card details

Name on card:

Card number:

Expiry date:/.....